

Contractor Description Form

PRIME CONTRACTOR

Business Name: San Pedro Property Owners' Alliance Award Total: \$ _____

Services to be provided: Trolley Operations - Business Improvement District Operations

Owner's Ethnicity: Hispanic Gender F Group: SBE MBE WBE OBE (Please check all that apply)

Address: 390 W. 7th St.

City/State/Zip: San Pedro, CA 90731

Telephone: (310) 832-2183 FAX: ()

Contact Person/Title: Lorena Parker, Executive Director

Email Address: LPARKER@SANPEDROBID.COM

SUBCONTRACTOR

Business Name: Wheel Fun Rentals of Santa Barbara dba Santa Barbara Trolley Company Award Total: \$ _____

Services to be provided: TROLLEY RENTALS

Owner's Ethnicity: Unknown Gender F Group: SBE MBE WBE OBE (Please check all that apply)

Address: 23 EAST CABRILLO BLVD.

City/State/Zip: SANTA BARBARA, CA 93101

Telephone: (805) 729-4589 FAX: ()

Contact Person/Title: TEDDI DREW

Email Address: teddi@sbtrolley.com

SUBCONTRACTOR

Business Name: _____ Award Total: \$ _____

Services to be provided: _____

Owner's Ethnicity: _____ Gender _____ Group: SBE MBE WBE OBE (Please check all that apply)

Address: _____

City/State/Zip: _____

Telephone: () _____ FAX: () _____

Contact Person/Title: _____

Email Address: _____